







<b>Name of company:</b> Boehringer Ingelheim		<b>Tabulated Trial Report</b>		 <b>Boehringer Ingelheim</b>  <b>Synopsis No.:</b> n.a.
<b>Name of finished product:</b> Mucosolvan®		<b>EudraCT No.:</b> n.a.		
<b>Name of active ingredient:</b> Trans-4-[(2-amino-3,5-dibromo-benzyl)amino]cyclohexanol hydrochloride (= Ambroxol hydrochloride)		<b>Page:</b> 1 of 25		
<b>Module:</b> n.a.		<b>Volume:</b> n.a.		
<b>Report date:</b> 27 JUL 1977	<b>Trial No. / U No.:</b> U77-0166	<b>Date of trial:</b> n.a.	<b>Date of revision:</b> n.a.	
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<b>Title of trial:</b>		Final report on clinical trial of NA 872. Clinical Study in Children- Dose-Response Study		
<b>Principal/Coordinating Investigator:</b>		von Seefeld		
<b>Trial sites:</b>		Multicenter ( 4 centers)		
<b>Publication (reference):</b>		Boehringer Ingelheim in-house report, 27 July 1977.		
<b>Clinical phase:</b>		II		
<b>Objectives:</b>		Assessment of the efficacy of ambroxol in paediatric patients by measuring the relief of symptoms of acute and chronic airways disease such as chronic rhinitis, sinusitis, bronchitis, or common cold		
<b>Methodology:</b>		Open, uncontrolled Dose response study		
<b>No. of subjects:</b>		32 (18 male, 14 female), aged 10 months–12 years) < 2 yrs: 6 2-5 yrs: 11 > 5 yrs: 15 3 children were dismissed at Day 14 because they had recovered.		
<b>Diagnosis and main criteria for inclusion:</b>		acute and chronic airways diseases (bronchitis, asthmatic bronchitis, chronic bronchitis, bronchopneumonia, bronchial asthma, mucoviscidosis, chronic bronchitis with suspected bronchiectasis		
<b>Test product:</b>		Ambroxol Tablets, NA 872		


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<b>Name of active ingredient:</b> Trans-4-[(2-amino-3,5-dibromo-benzyl)amino]cyclohexanol hydrochloride (= Ambroxol hydrochloride)		<b>Page:</b> 2 of 25						
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<b>dose:</b> 3 x 2.5 mg during days 1-3, 3 x 5 mg during days 4–6, and 3 x 7.5 mg during days 7–9. The dosage was adapted to individual needs during days 10–25.  Dose was increased to 3 x 10 mg/day in 12 cases. One patient from group 2- 5 yrs no longer received daily dose of 22.5 mg on days 7 to 9 because 15 mg/day proved sufficiently effective.								
<b>mode of admin.:</b> oral  <b>batch no.:</b> N/A								
<b>Reference therapy:</b> none  <b>dose:</b> N/A  <b>mode of admin.:</b> N/A  <b>batch no.:</b> N/A								
<b>Duration of treatment:</b> 25 days for 28 children, whereas 1 child was treated for 32 days.								
<b>Criteria for evaluation:</b>  <table> <tr> <td><b>Efficacy / clinical pharmacology:</b></td> <td>           Dose-Response Study            Therapeutic efficacy            - Improvement of expectoration (not evaluated in children &lt; 2 years)            - Reduction of cough            - Easing of respiration (dyspnoea)         </td> </tr> <tr> <td><b>Safety:</b></td> <td>Adverse events</td> </tr> </table>					<b>Efficacy / clinical pharmacology:</b>	Dose-Response Study Therapeutic efficacy - Improvement of expectoration (not evaluated in children < 2 years) - Reduction of cough - Easing of respiration (dyspnoea)	<b>Safety:</b>	Adverse events
<b>Efficacy / clinical pharmacology:</b>	Dose-Response Study Therapeutic efficacy - Improvement of expectoration (not evaluated in children < 2 years) - Reduction of cough - Easing of respiration (dyspnoea)							
<b>Safety:</b>	Adverse events							
<b>Statistical methods:</b> Descriptive statistics								
<b>SUMMARY – CONCLUSIONS:</b>								


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<b>Efficacy / clinical pharmacology results:</b>		Symptoms improved in all groups. In the group < 2 years improvement could not be evaluated in expectoration. Improvement in bronchitic syndromes was obtained after application of , and the dose response relationship resulted in the recommendation of 7.5–22.5 mg/day for children aged 2–5 years and 7.5–30 mg/day for children >5 years. Optimum dose for children up to 2 years was 15mg/day, from 2–5 years 20 mg/day, over 5 years 30 mg/day.		
<b>Safety results:</b>		Ambroxol was safe in all 32 children and only one child treated for 32 days complained of a facial erythema on treatment days 24–29. The adverse event was considered not related to the treatment by the investigator.		
<b>Conclusions:</b>		In the dose range applied the drug was well tolerated. No side-effects related to ambroxol emerged and good general tolerability was observed		

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<b>Title of trial:</b>		Final report on clinical trial of NA 872. Clinical Study in Children- Acceptability Study		
<b>Principal/Coordinating Investigator:</b>		von Seefeld		
<b>Trial sites:</b>		No data available.		
<b>Publication (reference):</b>		Boehringer Ingelheim in-house report, 27 July 1977.		
<b>Clinical phase:</b>		II		
<b>Objectives:</b>		Assessment of the acceptability and efficacy of ambroxol in paediatric patients by measuring the relief of symptoms of acute and chronic airways disease such as chronic rhinitis, sinusitis, bronchitis, or common cold		
<b>Methodology:</b>		Open , uncontrolled		
<b>No. of subjects:</b>		Not indicated		
<b>Diagnosis and main criteria for inclusion:</b>		Children with acute and chronic airways diseases		
<b>Test product:</b>		Mucosulvan® Syrup (NA 872)		
<b>dose:</b>		< 2 yrs: 1.6 mg/kg (15-22.5 mg) 2-5 yrs: 1.25 mg/kg (20 mg – 22.5 mg) > 5 yrs (up to 10 yrs): 1.2 mg/ kg (30 mg)		
<b>mode of admin.:</b>		oral		
<b>batch no.:</b>		N/A		


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<b>Reference therapy:</b> none  <b>dose:</b> N/A  <b>mode of admin.:</b> N/A  <b>batch no.:</b> N/A				
<b>Duration of treatment:</b> Not indicated				
<b>Criteria for evaluation:</b>  <b>Efficacy / clinical pharmacology:</b> Acceptability of Mucosolvan® syrup (2.5 mg/ml)  <b>Safety:</b> Adverse events				
<b>Statistical methods:</b> Descriptive statistics				
<b>SUMMARY – CONCLUSIONS:</b>  <b>Efficacy / clinical pharmacology results:</b> Study on the acceptability of Mucosolvan® syrup led to recommendation of a dosage schedule of 1.6 mg/kg body weight (bw), with a recommended daily dose of 15 mg and a maximal daily dose of 22.5 mg for children up to 2 years; 1.25 mg/kg bw, with a recommended daily dose of 20 mg and a maximal daily dose of 22.5 mg for children between 2 and 5 years; and 1.2 mg/kg bw, with a recommended daily dose of 30 mg and a maximal daily dose of 30 mg for children over 5 years of age.  <b>Safety results:</b> No side-effects related to ambroxol emerged and good general tolerability was observed.  <b>Conclusions:</b> This acceptability study confirmed the dosages established in the dose response studies of the tablets				


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<b>Title of trial:</b>		Final report on clinical trial of NA 872. Clinical Study in Children- Dose-Response Study		
<b>Principal/Coordinating Investigator:</b>		von Seefeld / Hoffmann		
<b>Trial sites:</b>		single center		
<b>Publication (reference):</b>		Boehringer Ingelheim in-house report, 27 July 1977.		
<b>Clinical phase:</b>		II		
<b>Objectives:</b>		Assessment of the efficacy of ambroxol in paediatric patients by measuring the relief of symptoms of acute and chronic airways disease such as chronic rhinitis, sinusitis, bronchitis, or common cold		
<b>Methodology:</b>		Open, uncontrolled, single center		
<b>No. of subjects:</b>		25 children ( 1 – 15 yrs old) < 2 yrs: 1 2-5 yrs: 1 > 5 yrs: 23		
<b>Diagnosis and main criteria for inclusion:</b>		Children with acute and chronic airways diseases Chronic rhinitis/ chronic sinusitis (11), chronic tracheitis or tracheobronchitis (4) and combination of the two in 10 children		
<b>Test product:</b>		Mucosolvan® solution for inhalation (NA 872)		
<b>dose:</b>		15 mg/day (2 ml/inhalation) given for 6 days		


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<b>mode of admin.:</b> inhalation  <b>batch no.:</b> N/A				
<b>Reference therapy:</b> none  <b>dose:</b> N/A  <b>mode of admin.:</b> N/A  <b>batch no.:</b> N/A				
<b>Duration of treatment:</b> 6 days				
<b>Criteria for evaluation:</b>  <b>Efficacy / clinical pharmacology:</b> Acceptability of Mucosolvan® solution for inhalation  <b>Safety:</b> Adverse events				
<b>Statistical methods:</b> Descriptive statistics				
<b>SUMMARY – CONCLUSIONS:</b>  <b>Efficacy / clinical pharmacology results:</b> Ambroxol 15 mg/day given for 6 days could relieve symptoms of chronic rhinitis and/or chronic sinusitis. A marked improvement of sinobronchial or tracheobronchial symptoms could be seen within the first 3 days in all children, with relief of headache and cranial pressure, as well as improvement of nasal and bronchial secretions and reduction of irritative cough.  <b>Safety results:</b> The product was well tolerated in all children.				


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<b>Conclusions:</b>		The recommended dose is 15 mg/2ml per inhalation. No manifestations of intolerance were observed.		





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<b>Title of trial:</b>		Final report on clinical trial of NA 872. (summary of studies U77-0166 A, U77-0166-B and U77-0166 –C)		
<b>Principal/Coordinating Investigator:</b>		von Seefeld		
<b>Trial sites:</b>		Multicenter and single center studies		
<b>Publication (reference):</b>		Boehringer Ingelheim in-house report, 27 July 1977.		
<b>Clinical phase:</b>		Not shown		
<b>Objectives:</b>		Assessment of the efficacy of ambroxol (different application forms) in paediatric patients by measuring the relief of symptoms of acute and chronic airways disease such as chronic rhinitis, sinusitis, bronchitis, or common cold		
<b>Methodology:</b>		Open label, uncontrolled multicenter		
<b>No. of subjects:</b>		194 children aged 10 months–15 years)		
<b>Diagnosis and main criteria for inclusion:</b>		acute and chronic airways diseases (bronchitis, asthmatic bronchitis, chronic bronchitis, bronchopneumonia, bronchial asthma, mucoviscidosis, chronic bronchitis with suspected bronchiectasis		
<b>Test product:</b>		Mucosolvan® Tablets (15 mg) Mucosolvan® Syrup (2.5 mg/ml) Mucosolvan® Inhalation Solution (15 mg/2 ml)		


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<b>Report date:</b> 16 May 1978	<b>Trial No. / U No.:</b> U77-0166	<b>Date of trial:</b> n.a.	<b>Date of revision: n.a.</b>	
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<b>dose:</b>		See efficacy/ clinical pharmacology conclusions below		
<b>mode of admin.:</b>		Oral (tablets 15 mg) Oral (syrup 2.5 mg/ml) Inhalation (15 mg/2 ml)		
<b>batch no.:</b>		N/A		
<b>Reference therapy:</b>		none		
<b>dose:</b>		N/A		
<b>mode of admin.:</b>		N/A		
<b>batch no.:</b>		N/A		
<b>Duration of treatment:</b>		see individual studies		
<b>Criteria for evaluation:</b>				
<b>Efficacy / clinical pharmacology:</b>		Liquefaction of bronchial secretions. Therapeutic efficacy was assessed taken clinical symptoms as basis.		
<b>Safety:</b>		Adverse events Safety of NA 872 syrup (15 mg/5 ml) Safety of NA 872 solution (15 mg/2 ml) administered orally Safety of NA 872 inhaled solution (15 mg/2 ml) Local tolerability of NA 872 injection (15 mg/2 ml)		
<b>Statistical methods:</b>		Descriptive statistics		
<b>SUMMARY – CONCLUSIONS:</b>				


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<b>Efficacy / clinical pharmacology results:</b> <p>The clinical study of the tablets and children's syrup disclosed a mean effective dose of:</p> <ul style="list-style-type: none"> <li>- 15 mg/day for the age group up to 2 years, corresponding to 1.6 mg/kg body weight</li> <li>- 20 mg/day for the age group 2 to 5 years, corresponding to 1.25 mg/kg body weight</li> <li>- 30 mg/day for the age group over 5 years, corresponding to 1.2 mg/kg body weight</li> </ul> <p>The improvement of the bronchi symptoms of expectoration, cough, and dyspnea became noticeable in the first two to three days of the treatment.</p> <p>For inhalation treatment with the solution, a daily dose of 15 mg = 2 ml per inhalation is recommended for children of all age groups. This mode of administration is particularly suitable for upper respiratory diseases such as rhinitis and sinusitis</p> <p>No manifestations of intolerance were observed in this clinical trial.</p>				


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<table border="0"> <tr> <td style="vertical-align: top; width: 25%;"> <b>Safety results:</b> </td> <td> <p>The global incidence of side effects was 8.1%.</p> <p>Side effects occurred most frequently among patients treated with the tablets, occurring in a total of 183 cases, Treatment with the ampoules led to side effects in 9 cases. There were 6 cases with side effects in patients receiving the solution orally, and 4 cases among patients receiving the solution by inhalation</p> <p>There were 15 cases (0.6%) in which the side effects were not considered tolerable, in 7 of which no causal relationship to study medication existed Therefore, there were a total of 8 cases in which side effects whose relation to the drug was probable could not be tolerated (0.31 %).</p> </td> </tr> <tr> <td style="vertical-align: top;"> <b>Conclusions:</b> </td> <td> <p>Results lead to the recommendation of a daily dose of 15 mg (tablets), 2.5 ml/5 ml (syrup), or 15 mg/2 ml (inhalation solution). In general therapeutic efficacy and tolerability/acceptability can be considered good.</p> </td> </tr> </table>					<b>Safety results:</b>	<p>The global incidence of side effects was 8.1%.</p> <p>Side effects occurred most frequently among patients treated with the tablets, occurring in a total of 183 cases, Treatment with the ampoules led to side effects in 9 cases. There were 6 cases with side effects in patients receiving the solution orally, and 4 cases among patients receiving the solution by inhalation</p> <p>There were 15 cases (0.6%) in which the side effects were not considered tolerable, in 7 of which no causal relationship to study medication existed Therefore, there were a total of 8 cases in which side effects whose relation to the drug was probable could not be tolerated (0.31 %).</p>	<b>Conclusions:</b>	<p>Results lead to the recommendation of a daily dose of 15 mg (tablets), 2.5 ml/5 ml (syrup), or 15 mg/2 ml (inhalation solution). In general therapeutic efficacy and tolerability/acceptability can be considered good.</p>
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<b>Principal/Coordinating Investigator:</b>		von Seefeld		
<b>Trial sites:</b>		7 study centers		
<b>Publication (reference):</b>		Boehringer Ingelheim in-house report, 27 July 1977.		
<b>Clinical phase:</b>		II/III		
<b>Objectives:</b>		To assess safety and assess of Mucosulvan syrup (15 mg/ 5 ml)		
<b>Methodology:</b>		Open, uncontrolled, multicenter		
<b>No. of subjects:</b>		229 children (140 male, 89 female) aged 2 months to 14 years < 2 yrs: 52 2-5 yrs: 82 > 5 yrs: 95 In 4 children symptoms had so much improved after 3 or 4 days that treatment could be either terminated or continued at home One patient did not report for the follow up examination after 4 days		
<b>Diagnosis and main criteria for inclusion:</b>		Children suffering from irritant cough and mucous congestion associated with acute or chronic airway disease 8outpatients and inpatients)		
<b>Test product:</b>		Mucosulvan® syrup (15 mg/5 ml) (NA 872)		


<b>Name of company:</b> Boehringer Ingelheim		<b>Tabulated Trial Report</b>		 <b>Boehringer Ingelheim</b>  <b>Synopsis No.:</b> n.a.
<b>Name of finished product:</b> Mucosolvan®		<b>EudraCT No.:</b> n.a.		
<b>Name of active ingredient:</b> Trans-4-[(2-amino-3,5-dibromo-benzyl)amino]cyclohexanol hydrochloride (= Ambroxol hydrochloride)		<b>Page:</b> 14 of 25		
<b>Module:</b> n.a.		<b>Volume:</b> n.a.		
<b>Report date:</b> 16 May 1978	<b>Trial No. / U No.:</b> U77-0166	<b>Date of trial:</b> n.a.	<b>Date of revision: n.a.</b>	
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<b>dose:</b> 15 mg/5 ml < 2 yrs: 1.6 mg/kg bw, daily dose 15 mg; dose could be increased to 22.5 mg/day 2-5 yrs: 1.25 mg/kg bw, daily dose 22.5 mg; dose could be increased to 30 mg/day > 5 yrs: 1.2 mg/kg bw, daily dose 30 mg; dose could be increased to 45 mg/day  <b>mode of admin.:</b> oral <b>batch no.:</b> N/A				
<b>Reference therapy:</b> none <b>dose:</b> N/A <b>mode of admin.:</b> N/A <b>batch no.:</b> N/A				
<b>Duration of treatment:</b> treatment lasted mostly (224 cases) 7 days, with only few cases needing a treatment for up to 15 days				
<b>Criteria for evaluation:</b>  <b>Efficacy / clinical pharmacology:</b> Severity of: - Expectoration - Cough - Dyspnoea  <b>Safety:</b> Adverse events, tolerability				

<b>Name of company:</b> Boehringer Ingelheim		<b>Tabulated Trial Report</b>		 <b>Boehringer Ingelheim</b>  <b>Synopsis No.:</b> n.a.
<b>Name of finished product:</b> Mucosolvan®		<b>EudraCT No.:</b> n.a.		
<b>Name of active ingredient:</b> Trans-4-[(2-amino-3,5-dibromo-benzyl)amino]cyclohexanol hydrochloride (= Ambroxol hydrochloride)		<b>Page:</b> 15 of 25		
<b>Module:</b> n.a.		<b>Volume:</b> n.a.		
<b>Report date:</b> 16 May 1978	<b>Trial No. / U No.:</b> U77-0166	<b>Date of trial:</b> n.a.	<b>Date of revision: n.a.</b>	
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<b>Statistical methods:</b> Descriptive statistics				
<b>SUMMARY – CONCLUSIONS:</b>				
<b>Efficacy / clinical pharmacology results:</b>		<p>Treatment lasted mostly 7 days, with only few cases needing a treatment for up to 15 days.</p> <p>The moderate to severe irritant cough present at baseline diminished and improved or disappeared in 87% of the patients after 7 days.</p> <p>Expectoration was good in 78% and symptoms of dyspnoea improved as well in 53% of the subjects. A therapeutic effect was seen after the 2<sup>nd</sup> and 3<sup>rd</sup> day in 56% of the children.</p> <p>The following reasons for inability to evaluate the effect were cited for 26 children: extensive concomitant medication, variable symptoms, variable statements of the child, and no improvement in symptoms.</p> <p>Patients with spastic or asthmatic bronchitis or an airway infection received bronchodilators, corticosteroids, or antibiotics besides Ambroxol Syrup. Concomitant treatment with antitussive drugs was necessary in 31 children.</p>		
<b>Safety results:</b>		<p>Medication was judged to be tolerated “well” in 220 children, no information was available in 8 cases. The taste was liked by 209 children and for 220 the tolerability was excellent. 4 children had trial medication unrelated side effects.</p>		
<b>Conclusions:</b>		<p>Mucosulvan® syrup (15 mg/ 5ml) was found of acceptable taste, well tolerated and effective, and may be recommended as a bronchosecretolytic agent in airway disease for the treatment of children of all ages</p>		


<b>Name of company:</b> Boehringer Ingelheim		<b>Tabulated Trial Report</b>		 <b>Boehringer Ingelheim</b>  <b>Synopsis No.:</b> n.a.
<b>Name of finished product:</b> Mucosolvan®		<b>EudraCT No.:</b> n.a.		
<b>Name of active ingredient:</b> Trans-4-[(2-amino-3,5-dibromo-benzyl)amino]cyclohexanol hydrochloride (= Ambroxol hydrochloride)		<b>Page:</b> 16 of 25		
<b>Module:</b> n.a.		<b>Volume:</b> n.a.		
<b>Report date:</b> 16 May 1978	<b>Trial No. / U No.:</b> U77-0166	<b>Date of trial:</b> n.a.	<b>Date of revision: n.a.</b> n.a.	
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<b>Name of company:</b> Boehringer Ingelheim		<b>Tabulated Trial Report</b>		 <b>Boehringer Ingelheim</b>  <b>Synopsis No.:</b> n.a.
<b>Name of finished product:</b> Mucosolvan®		<b>EudraCT No.:</b> n.a.		
<b>Name of active ingredient:</b> Trans-4-[(2-amino-3,5-dibromo-benzyl)amino]cyclohexanol hydrochloride (= Ambroxol hydrochloride)		<b>Page: 16 of 31</b>		
<b>Module:</b> n.a.		<b>Volume:</b> n.a.		
<b>Report date:</b> 16 May 1978	<b>Trial No. / U No.:</b> U77-0166	<b>Date of trial:</b> n.a.	<b>Date of revision: n.a.</b> n.a.	
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<b>Title of trial:</b>		Final report on clinical trial of NA 872.		
<b>Principal/Coordinating Investigator:</b>		von Seefeld		
<b>Trial sites:</b>		4 study centers		
<b>Publication (reference):</b>		Boehringer Ingelheim in-house report, 27 July 1977.		




<b>Name of company:</b> Boehringer Ingelheim		<b>Tabulated Trial Report</b>		 <b>Boehringer Ingelheim</b>  <b>Synopsis No.:</b> n.a.
<b>Name of finished product:</b> Mucosulvan®		<b>EudraCT No.:</b> n.a.		
<b>Name of active ingredient:</b> Trans-4-[(2-amino-3,5-dibromo-benzyl)amino]cyclohexanol hydrochloride (= Ambroxol hydrochloride)		<b>Page:</b> 17 of 25		
<b>Module:</b> n.a.		<b>Volume:</b> n.a.		
<b>Report date:</b> 16 May 1978	<b>Trial No. / U No.:</b> U77-0166	<b>Date of trial:</b> n.a.	<b>Date of revision: n.a.</b> n.a.	
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<b>Clinical phase:</b>	<b>II</b>
<b>Objectives:</b>	Assessment of the efficacy of ambroxol in paediatric patients by measuring the relief of symptoms of acute and chronic airways disease such as chronic rhinitis, sinusitis, bronchitis, or common cold
<b>Methodology:</b>	<b>Open, uncontrolled, multicenter</b>
<b>No. of subjects:</b>	136 children (76 male, 60 female) 4 months to 14 years old < 2 yrs: 21 2-5 yrs: 41 > 5 yrs: 74 Mucosulvan® solution (15 mg/2 ml) oral: entered: 111 Mucosulvan® solution (15 mg/2 ml) inhalation entered: 25 1 discontinuation (inhalation) due to marked improval 1 discontinuation (solution) : reluctant intake and vomiting
<b>Diagnosis and main criteria for inclusion:</b>	Children with acute bronchitis or rhinopharyngitis: oral application Children with with sinobronchitis or maxillary sinusitis: inhalation
<b>Test product:</b>	Mucosulvan® 15 mg/2 ml ambroxol solution (NA 872)

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<b>Name of finished product:</b> Mucosolvan®		<b>EudraCT No.:</b> n.a.		
<b>Name of active ingredient:</b> Trans-4-[(2-amino-3,5-dibromo-benzyl)amino]cyclohexanol hydrochloride (= Ambroxol hydrochloride)		<b>Page:</b> 18 of 25		
<b>Module:</b> n.a.		<b>Volume:</b> n.a.		
<b>Report date:</b> 16 May 1978	<b>Trial No. / U No.:</b> U77-0166	<b>Date of trial:</b> n.a.	<b>Date of revision: n.a.</b> n.a.	
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<b>dose:</b>	For oral and inhalant administration:  < 2 yrs: 1.6 mg/kg bw, daily dose 15 mg; dose could be increased to 22.5 mg/day  2-5 yrs: 1.25 mg/kg bw, daily dose 22.5 mg; dose could be increased to 30 mg/day  > 5 yrs: 1.2 mg/kg bw, daily dose 30 mg; dose could be increased to 45 mg/day  The same dosages applied to inhalant administration. One 10 year old boy diagnosed as having pseudocroup and maxillary sinusitis received 6 ml twice a day.
<b>mode of admin.:</b>	Oral, inhalation
<b>batch no.:</b>	N/A
<b>Reference therapy:</b>	none
<b>dose:</b>	N/A
<b>mode of admin.:</b>	N/A
<b>batch no.:</b>	N/A
<b>Duration of treatment:</b>	duration was 5 days for 134 patients, up to 11 days for the others
<b>Criteria for evaluation:</b>	
<b>Efficacy / clinical pharmacology:</b>	Expectoration Cough Dyspnoea
<b>Safety:</b>	Adverse events


<b>Name of company:</b> Boehringer Ingelheim		<b>Tabulated Trial Report</b>		 <b>Boehringer Ingelheim</b>  <b>Synopsis No.:</b> n.a.
<b>Name of finished product:</b> Mucosolvan®		<b>EudraCT No.:</b> n.a.		
<b>Name of active ingredient:</b> Trans-4-[(2-amino-3,5-dibromo-benzyl)amino]cyclohexanol hydrochloride (= Ambroxol hydrochloride)		<b>Page:</b> 19 of 25		
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<b>Report date:</b> 16 May 1978	<b>Trial No. / U No.:</b> U77-0166	<b>Date of trial:</b> n.a.	<b>Date of revision: n.a.</b> n.a.	
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<b>Statistical methods:</b>	Descriptive statistics
<b>SUMMARY – CONCLUSIONS:</b>	
<b>Efficacy / clinical pharmacology results:</b>	During the first three days of a combined treatment (oral and inhalation) cough and expectoration diminished substantially. More than 2 thirds of the patients were symptom free or relieved by the fifth day. A therapeutic effect (alleviation of irritating cough) was seen in 82% of the children already on the 2 <sup>nd</sup> or 3 <sup>rd</sup> day of treatment.
<b>Safety results:</b>	The tolerability of both formulations was good in 135 children, in a 3-year old boy treatment was discontinued for reluctance to take the medication and frequent severe vomiting being related to the oral administration.
<b>Conclusions:</b>	15 mg/2 ml of NA 872 solution- administered orally or by inhalation- is likewise indicated for the treatment of airway disease in children associated with production of sputum, cough and dyspnoea


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<b>Name of active ingredient:</b> Trans-4-[(2-amino-3,5-dibromo-benzyl)amino]cyclohexanol hydrochloride (= Ambroxol hydrochloride)		<b>Page:</b> 20 of 25		
<b>Module:</b> n.a.		<b>Volume:</b> n.a.		
<b>Report date:</b> 16 May 1978	<b>Trial No. / U No.:</b> U77-0166	<b>Date of trial:</b> n.a.	<b>Date of revision: n.a.</b> n.a.	
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<b>Title of trial:</b>	Final report on clinical trial of NA 872. Clinical study of ampoules
<b>Principal/Coordinating Investigator:</b>	von Seefeld
<b>Trial sites:</b>	5 study centers
<b>Publication (reference):</b>	N/A
<b>Clinical phase:</b>	II
<b>Objectives:</b>	Safety study (local tolerability) of i.m. and i.v. injections of NA 872
<b>Methodology:</b>	Open, uncontrolled, multicenter
<b>No. of subjects:</b>	109 children (54 m, 55 f) 2 months to 14 years old < 2 yrs: 51 2-5 yrs: 24 > 5 yrs: 34
<b>Diagnosis and main criteria for inclusion:</b>	93 inpatients with acute or chronic airway disease, 16 inpatients with various internistic indications
<b>Test product:</b>	Mucosulvan solution for injection (15 mg/ 2ml)

<b>Name of company:</b> Boehringer Ingelheim		<b>Tabulated Trial Report</b>		 <b>Boehringer Ingelheim</b>  <b>Synopsis No.:</b> n.a.								
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<b>Name of active ingredient:</b> Trans-4-[(2-amino-3,5-dibromo-benzyl)amino]cyclohexanol hydrochloride (= Ambroxol hydrochloride)		<b>Page:</b> 21 of 25										
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<table border="0"> <tr> <td style="vertical-align: top;"><b>dose:</b></td> <td> <p>&lt; 2 yrs: 1.6 mg/kg bw, daily dose 15 mg (1/2 ampoule b.i.d.); dose could be increased to 22.5 mg/day</p> <p>2-5 yrs: 1.25 mg/kg bw (1/2 ampoule t.i.d.), daily dose 22.5 mg; dose could be increased to 30 mg/day</p> <p>&gt; 5 yrs: 1.2 mg/kg bw (1 ampoule b.i.d.), daily dose 30 mg; dose could be increased to 45 mg/day</p> <p>Because of poor venous conditions: study medication could be administered only once in 5 infants (2- 19 months old). Local tolerability was good in these cases.</p> </td> </tr> <tr> <td style="vertical-align: top;"><b>mode of admin.:</b></td> <td> <p>Injection (i.v., i.m.)</p> <p>The injections were dosed according to recommendations based on age; in most cases, injections were given twice a day, viz. I.M. in 63 cases, I.V, in 42 cases, and alternately I.V. and I.M. in 4 cases.</p> </td> </tr> <tr> <td style="vertical-align: top;"><b>batch no.:</b></td> <td>N/A</td> </tr> </table>					<b>dose:</b>	<p>&lt; 2 yrs: 1.6 mg/kg bw, daily dose 15 mg (1/2 ampoule b.i.d.); dose could be increased to 22.5 mg/day</p> <p>2-5 yrs: 1.25 mg/kg bw (1/2 ampoule t.i.d.), daily dose 22.5 mg; dose could be increased to 30 mg/day</p> <p>&gt; 5 yrs: 1.2 mg/kg bw (1 ampoule b.i.d.), daily dose 30 mg; dose could be increased to 45 mg/day</p> <p>Because of poor venous conditions: study medication could be administered only once in 5 infants (2- 19 months old). Local tolerability was good in these cases.</p>	<b>mode of admin.:</b>	<p>Injection (i.v., i.m.)</p> <p>The injections were dosed according to recommendations based on age; in most cases, injections were given twice a day, viz. I.M. in 63 cases, I.V, in 42 cases, and alternately I.V. and I.M. in 4 cases.</p>	<b>batch no.:</b>	N/A		
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<b>batch no.:</b>	N/A											
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<b>Reference therapy:</b>	none											
<b>dose:</b>	N/A											
<b>mode of admin.:</b>	N/A											
<b>batch no.:</b>	N/A											
<b>Duration of treatment:</b> 2 to 6 days												
<b>Criteria for evaluation:</b>  <table border="0"> <tr> <td><b>Efficacy / clinical pharmacology:</b></td> <td>Local tolerance</td> </tr> </table>					<b>Efficacy / clinical pharmacology:</b>	Local tolerance						
<b>Efficacy / clinical pharmacology:</b>	Local tolerance											


<b>Name of company:</b> Boehringer Ingelheim		<b>Tabulated Trial Report</b>		 <b>Boehringer Ingelheim</b>  <b>Synopsis No.:</b> n.a.
<b>Name of finished product:</b> Mucosolvan®		<b>EudraCT No.:</b> n.a.		
<b>Name of active ingredient:</b> Trans-4-[(2-amino-3,5-dibromo-benzyl)amino]cyclohexanol hydrochloride (= Ambroxol hydrochloride)		<b>Page:</b> 22 of 25		
<b>Module:</b> n.a.		<b>Volume:</b> n.a.		
<b>Report date:</b> 16 May 1978	<b>Trial No. / U No.:</b> U77-0166	<b>Date of trial:</b> n.a.	<b>Date of revision: n.a.</b> n.a.	
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<b>Safety:</b>	Adverse reactions
<b>Statistical methods:</b>	Descriptive statistics
<b>SUMMARY – CONCLUSIONS:</b>	
<b>Efficacy / clinical pharmacology results:</b>	<p>Circumscribed local signs of irritation such as mild erythema and swelling were only seen in infants, once after I.V. and 5 times after I.M. injection. Reactions of this type are not uncommon in children of this age group and are related to the relatively greater sensitivity of the skin in infants; also, the injection technique is very important in these cases. No special measures (dressings, ointments, etc.) are necessary; the treatment was continued for 3 days.</p> <p>Two infants reacted to the injection with pain (one to I.V. and one to I.M. injection), exhibiting a form of "crying restlessness". Local tolerance was good in both cases.</p> <p>A 5-year-old boy reported local pain of short duration after the I.M. injection</p>
<b>Safety results:</b>	Side effects of the systemic type were reported in 6 children, but a definite or probable causal relation to administration of NA 872 could be ruled out in all 6 cases.

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<b>Conclusions:</b>	I.V. and I.M. administration of NA 872 ampoules seems safe in children of all age groups inasmuch as both local and systemic tolerability may be evaluated as "good". When treating infants, their greater skin sensitivity as compared to older children should be taken into consideration.
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<b>Title of trial:</b>	Final report on clinical trial of NA 872.
<b>Principal/Coordinating Investigator:</b>	von Seefeld
<b>Trial sites:</b>	13 study centres
<b>Publication (reference):</b>	N/A
<b>Clinical phase:</b>	Phase II studies
<b>Objectives:</b>	To summarize and evaluate therapeutic efficacy and tolerability of three different dosage forms of NA 872 in children with acute or chronic airway disease of NA 872
<b>Methodology:</b>	3 open, uncontrolled, prospective multicenter trials
<b>No. of subjects:</b>	The syrup (15 mg/5 ml) was given to 229 children, while 136 children were treated with the solution (15 mg/2 ml), and 109 children with the ampoules (15 mg/2 ml).
<b>Diagnosis and main criteria for inclusion:</b>	The study was carried out in both inpatients and outpatients with acute or chronic airway disease

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<b>Test product:</b>	Ambroxol syrup (15 mg/5 ml) Ambroxol solution (15 mg/2 ml), Ambroxol ampoules (15 mg/2 ml).
<b>dose:</b>	Dosage of the three dosage forms was based on age: The dosage guidelines established in the preceding clinical study for 3 different age groups - up to 2 years, 2 to 5 years, over 5 years - were confirmed in large part. In children over 5 years of age, the daily dose may be increased up to 45 to 60 mg. The recommended daily dose for inhalation treatment with the solution is 2 to 6 ml, depending on the age.
<b>mode of admin.:</b>	Oral  Inhalation  Injection (i.v., i.m.)
<b>batch no.:</b>	N/A
<b>Reference therapy:</b>	none
<b>dose:</b>	N/A
<b>mode of admin.:</b>	N/A
<b>batch no.:</b>	N/A
<b>Duration of treatment:</b>	2 to 6 days
<b>Criteria for evaluation:</b>	
<b>Efficacy / clinical pharmacology:</b>	Therapeutic efficacy was assessed taken clinical symptoms as basis Local tolerance.



<b>Name of company:</b> Boehringer Ingelheim		<b>Tabulated Trial Report</b>		 <b>Boehringer Ingelheim</b>  <b>Synopsis No.:</b> n.a.
<b>Name of finished product:</b> Mucosolvan®		<b>EudraCT No.:</b> n.a.		
<b>Name of active ingredient:</b> Trans-4-[(2-amino-3,5-dibromo-benzyl)amino]cyclohexanol hydrochloride (= Ambroxol hydrochloride)		<b>Page:</b> 25 of 25		
<b>Module:</b> n.a.		<b>Volume:</b> n.a.		
<b>Report date:</b> 16 May 1978	<b>Trial No. / U No.:</b> U77-0166	<b>Date of trial:</b> n.a.	<b>Date of revision: n.a.</b> n.a.	
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<b>Safety:</b>	Adverse reactions
<b>Statistical methods:</b>	Descriptive statistics
<b>SUMMARY – CONCLUSIONS:</b>	
<b>Efficacy / clinical pharmacology results:</b>	<p>A marked improvement in the bronchitic symptoms was apparent in most of the children by the second or third day of treatment; this was true both for treatment with the syrup and for treatment, either oral or inhalant, with the solution.</p> <p>The most prominent effect was alleviation of irritative cough, which was generally associated with easing of expectoration</p>
<b>Safety results:</b>	<p>With few exceptions, the children liked taking the syrup and the solution, and tolerated them well. No manifestations of intolerance were observed in connection with the inhalation treatment.</p> <p>I.V. and I.M. injections are well tolerated, both locally and systemically. Minor local irritations occurred in a few infants after I.M. injection, but this was tolerable and necessitated no special therapeutic measures.</p>
<b>Conclusions:</b>	<p>On the basis of the results on hand, the therapeutic use of NA 872 syrup and NA 872 solution can be recommended for children of all age groups who have symptoms of irritative cough and production of sputum. The safety of the NA 872 ampoules has thus been clinically confirmed also in children.</p>